

County: Dane
SKAALEN SUNSET HOME
400 NORTH MORRIS STREET
STOUGHTON 53589

Phone: (608) 873-5651

Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 201
Total Licensed Bed Capacity (12/31/02): 201
Number of Residents on 12/31/02: 187

Facility ID: 8210

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Ownership: Nonprofit Church/Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 192

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		44.4
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		37.4
Supp. Home Care-Household Services	No	Developmental Disabilities	1.1	Under 65	4.3	More Than 4 Years		18.2
Day Services	No	Mental Illness (Org./Psy)	34.8	65 - 74	8.0			-----
Respite Care	Yes	Mental Illness (Other)	2.1	75 - 84	29.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.1	95 & Over	10.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	1.6		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	8.0	65 & Over	95.7	-----		
Transportation	Yes	Cerebrovascular	16.6		-----	RNs		7.1
Referral Service	No	Diabetes	6.4	Sex	%	LPNs		9.9
Other Services	No	Respiratory	4.3	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	21.4	Male	32.1	Aides, & Orderlies		
Mentally Ill	No		-----	Female	67.9	50.6		
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	19	100.0	318	108	99.1	117	0	0.0	0	54	100.0	163	0	0.0	0	5	100.0	223	186	99.5
Intermediate	---	---	---	1	0.9	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	19	100.0		109	100.0		0	0.0		54	100.0		0	0.0		5	100.0		187	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02								

Percent Admissions from:		Activities of		%	% Needing Assistance of		% Totally	Total		
		Daily Living (ADL)		Independent	One Or Two Staff		Dependent	Number of Residents		
Private Home/No Home Health	2.2	Bathing		0.0	74.3		25.7	187		
Private Home/With Home Health	2.8	Dressing		4.3	82.4		13.4	187		
Other Nursing Homes	2.8	Transferring		15.5	66.8		17.6	187		
Acute Care Hospitals	90.3	Toilet Use		9.1	69.5		21.4	187		
Psych. Hosp.-MR/DD Facilities	0.0	Eating		40.6	50.8		8.6	187		
Rehabilitation Hospitals	0.3	*****								
Other Locations	1.6									
Total Number of Admissions	321	Continence		%	Special Treatments		%			
Percent Discharges To:		Indwelling Or External Catheter		8.6	Receiving Respiratory Care			20.9		
Private Home/No Home Health	11.5	Occ/Freq. Incontinent of Bladder		59.4	Receiving Tracheostomy Care			0.5		
Private Home/With Home Health	36.3	Occ/Freq. Incontinent of Bowel		34.8	Receiving Suctioning			0.5		
Other Nursing Homes	2.7				Receiving Ostomy Care			2.1		
Acute Care Hospitals	6.0	Mobility			Receiving Tube Feeding			2.7		
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		7.0	Receiving Mechanically Altered Diets			35.8		
Rehabilitation Hospitals	0.0	*****								
Other Locations	12.1	Skin Care			Other Resident Characteristics					
Deaths	31.4	With Pressure Sores		5.3	Have Advance Directives			74.3		
Total Number of Discharges		With Rashes		11.2	Medications					
(Including Deaths)	331				Receiving Psychoactive Drugs			60.4		

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities										

		Ownership:		Bed Size:		Licensure:				
		This Facility	Nonprofit	200+		Skilled		All		
		%	Peer Group	Peer Group		Peer Group		Facilities		
		%	Ratio	% Ratio		% Ratio		% Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds		95.5	87.5	1.09	81.7	1.17	85.3	1.12	85.1	1.12
Current Residents from In-County		70.6	79.3	0.89	81.4	0.87	81.5	0.87	76.6	0.92
Admissions from In-County, Still Residing		19.0	21.8	0.87	22.1	0.86	20.4	0.93	20.3	0.94
Admissions/Average Daily Census		167.2	124.6	1.34	97.4	1.72	146.1	1.14	133.4	1.25
Discharges/Average Daily Census		172.4	129.0	1.34	105.8	1.63	147.5	1.17	135.3	1.27
Discharges To Private Residence/Average Daily Census		82.3	50.5	1.63	41.5	1.98	63.3	1.30	56.6	1.46
Residents Receiving Skilled Care		99.5	94.7	1.05	88.0	1.13	92.4	1.08	86.3	1.15
Residents Aged 65 and Older		95.7	96.2	0.99	86.1	1.11	92.0	1.04	87.7	1.09
Title 19 (Medicaid) Funded Residents		58.3	56.7	1.03	72.7	0.80	63.6	0.92	67.5	0.86
Private Pay Funded Residents		28.9	32.8	0.88	16.9	1.71	24.0	1.20	21.0	1.37
Developmentally Disabled Residents		1.1	0.5	2.00	2.5	0.43	1.2	0.91	7.1	0.15
Mentally Ill Residents		36.9	35.5	1.04	39.4	0.94	36.2	1.02	33.3	1.11
General Medical Service Residents		21.4	23.8	0.90	26.5	0.81	22.5	0.95	20.5	1.04
Impaired ADL (Mean)		51.9	50.4	1.03	52.3	0.99	49.3	1.05	49.3	1.05
Psychological Problems		60.4	54.7	1.10	59.5	1.01	54.7	1.10	54.0	1.12
Nursing Care Required (Mean)		9.9	6.9	1.43	7.0	1.42	6.7	1.47	7.2	1.37